west was the state of the state	
ARIZONA STATE B	. State File NoZ
1. PLACE OF BIRTH STANDARD CERTIF	AL STATISTICS  Registered No.
County Sile State Williams	
District or Township or Village	
City No St., Ward  (If birth-occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child 15 CCC A A TUTE (If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY in event of plural births.  4. Twin, triplet or other.	of birth au 20/928
8. FATHER	14. MOTHER 1
Full national do domo	Full maided name uta Montana
9. Residence (Usual place of the August 1)	15. Residence (Usual place of abode) Acurolica
If non-resident, give place and state.	If non-resident, give place and state
10. Color or race	16. Color or race
My 11. Age at last birthday 35 (Years)	Mus 17. Age at left birthday 2 6 (Years)
12. Birthplace (city or place)	18. Birthplace (city or Asserblow
(State or country) forwa Mux	(State or country) and
13. Occupation Laborer	19. Occupation Horale well
Nature of industry	Nature of industry
20. Number of children of this mother	and now living 21. Were precautions taken against oph-
	out now dead tjralmia neonatorum.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was at on the date shove stated.	
Born alive of Stilliograf	
* When there was no attending physician or midwife, then the father, householder,	according was
<pre> { etc. should make this return. A stillborn }   child is one that neither breathes nor   </pre>	
shows other evidence of life after birth.	(Physician or midwife)
Given name added from a supplemental report	Jayden aresse
Month, day, year  Filed June 23, 1928 M. B. Dan C	
Registrar. Filed	Registrar.
1-06-1-2/2	ello

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